

Appendix 3: The Feedback Questionnaire

The Questionnaire

A paper feedback questionnaire was distributed to participants following the completion of the debrief, and collected ~5-10 minutes later. In this questionnaire, participants were asked to rate on 10-point Likert scales their degree of agreement with the following statements: *'this simulation was a useful learning experience'*, *'this simulated scenario has helped me reflect on how I manage pneumonia'*, and *'as a result of this simulated scenario, I intend to change the way I assess or manage patients with pneumonia in some way'*. The feedback questionnaire provided a free text box which requested: *'if you intend to change the way you assess or manage patients with pneumonia, please specify your intended changes in practice below'*. A free text box was also provided for any additional comments from the participants.

The Results

The post-training feedback questionnaire was completed by 23 of the participants, the reasons for non-return of the questionnaire by the remaining three participants are unknown. The participants found the SBE a useful experience: 17 of 23 participants rated their agreement with the statement that *'this simulation was a useful learning experience'* as 10/10, whilst 2 of 23 rated a 9/10 agreement and 4 of 23 rated their agreement as 8/10. All participants also rated strong agreement with the statement: *'this simulated scenario has helped me reflect on how I manage pneumonia'*, with 15 of 23 participants returning a 10/10 agreement, 2 of 23 reporting a 9/10 agreement, and 6 of 23 reporting an 8/10 agreement. Whilst most participants did signal agreement with the statement *'as a result of this simulated scenario, I intend to change the way I assess or manage patients with pneumonia in some way'*, with 19/23 reporting an agreement of $\geq 8/10$, one respondent rated their agreement as 6/10, one as 4/10, and two respondents reported a 1/10 agreement. Reported intentions to change clinical practice included: to use the CAP bundle (9); change prescribing practices (8); earlier escalation for senior medical / critical care team review (3).